



E000700

PROFILE: KANSAS REGIONAL MEDICAL PROGRAM

Grantee: University of Kansas Medical Center

Coordinator: Robert W. Brown, M.D.

Originally prepared by: Frank G. Zizlavsky

Original date: September 1, 1969

Updated:

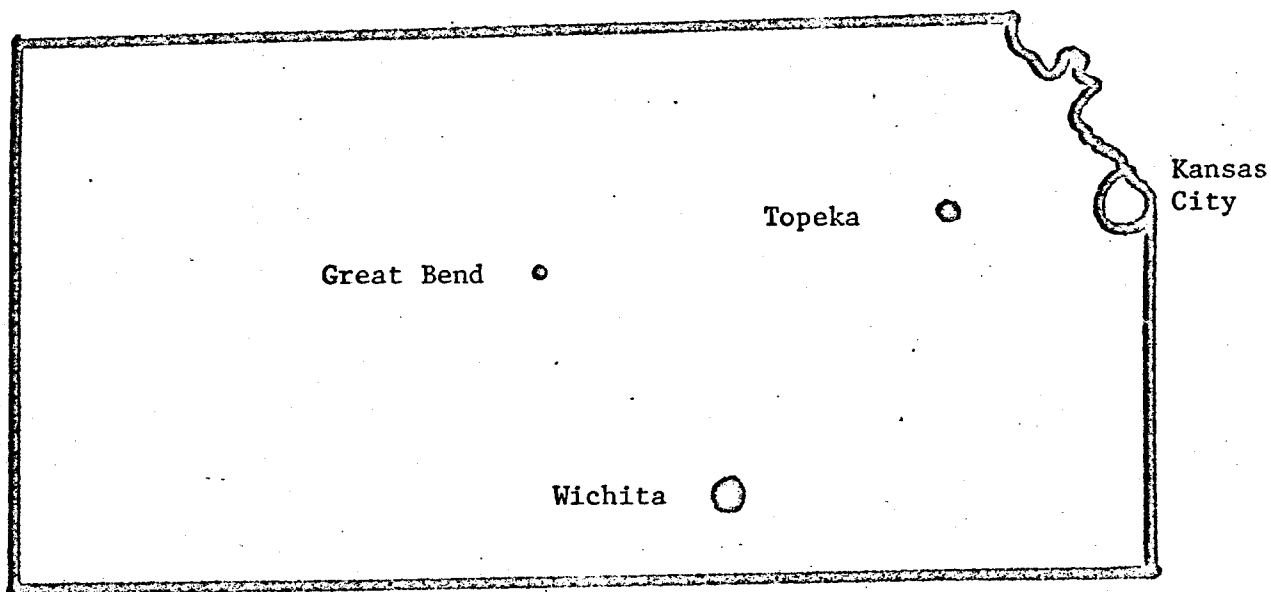
TABLE OF CONTENTS

- I. Geography
- II. Demography
- III. Politics
- IV. Historical Review
- V. Core Staff
- VI. Overall Organization
- VII. Grand Design
- VIII. Operational Projects

APPENDIX

I. GEOGRAPHY

The Kansas RMP regional boundary is the state. The Region is often considered a coherent area in terms of problems of economic development, population trends, type of agriculture and medical care patients.



II. DEMOGRAPHY

1. Population: 2,200,000 (1965)
 - a. Urban 61.0
 - b. 95% white
2. Land area: 82,048 square miles
3. Health Statistics: selected causes of death/100,000 - 1967
 - a. Mortality rate for heart (slightly higher 373.4)
 - b. General Arteriosclerosis (higher 24.7)
 - c. Diabetes Mellitus (much higher 20.5)
4. Facilities statistics:
 - a. University of Kansas School of Medicine - enrollment 426
 - b. There are 19 Schools of Nursing - 5 school or University affiliated.
 - c. There is one facility for cytotechnology training at the University of Kansas Medical Center and 11 Schools of Medical Technology.
 - d. There are 158 hospitals with 18,174 beds in the region.
5. Personnel
 - a. As of 1966 there were 2,455 (108.1/600,000) medical doctors in Kansas. The number of active medical doctors was 2,216.
 - b. There were 173 doctors of Osteopathy.
 - c. As of 1962 there were 10,154 nurses (455.9/100,000) of which 6,509 are active (292.3/100,000)

III. POLITICS

Governor:

Robert Docking (D) 1969-1971

Senators:

James Blackwood Pearson (R), 1962-1973
Appropriations
Commerce

Robert J. Dole (R), 1968-1975
Select Committee on Nutrition and Human Needs

Congressmen:

Chester L. Mize (R), Banking and Currency

Garner E. Shriver (R), Appropriations

Joe Skubitz (R), Interior and Insular Affairs
Interstate and Foreign Commerce

IV. HISTORICAL REVIEW

January, 1965

- Dean C. Arden Miller appointed a committee of five within the University of Kansas Medical Center to study the Regional Medical Program as it would pertain to the University of Kansas Medical Center, metropolitan Kansas City, and the State of Kansas.

November, 1965

- After approval of the concept by the Kansas State Board of Regents, Governor William H. Avery appointed an Advisory Committee of fourteen people to work with the University of Kansas Medical Center which is the official agency for the State of Kansas in planning and applying for grants provided under the Regional Medical Program.

March, 1966

- Kansas Advisory Committee voted unanimous endorsement of the initial list of agencies to be involved in planning, the administrative organization for planning, the multi-state and sub-regional concepts, and the budget to be submitted.

April, 1966

- The first year planning application was submitted to DRMP.

Comments of the Ad Hoc Review Group:

- 1) General reaction to the application was favorable.
- 2) It was pointed out that the University of Kansas Medical Center had one of the strongest continuing education programs in the country but two questions were raised: A) to what degree did the continuing education portion of this planning request constitute planning and to what degree was it either a continuation of already existing activity or actual operational activity. B) What had the Medical Center accomplished in having effect on community medical affairs.
- 3) Relationship to other organizations involved in health affairs in the State should be more clearly delineated.
- 4) Expansion of the Advisory Committee to be more widely representative of community interests.

- June, 1966 - 01 Planning grant award. This period begins July 1, 1966 through June 30, 1967.
- \$180,520 (DC)
17,425 (IC)
 \$197,945 Total award
- October, 1966 - Kansas RMP submitted 01 operational grant.
- November, 1966 - Site Visit included: Dr. George James, Dr. Ruhe, and Dr. Robert J. Slater.
- Impressions:
- 1) Prospect for a RMP in Kansas is excellent.
 - 2) Medical School is definitely taking leadership role, greater involvement by the State Health Department, voluntary agencies, and others is being sought and seems likely in time.
 - 3) Large costs of hardware questioned.
- February, 1967 - Review Committee requested that staff, based on its analysis of the application against the background of the site visit report, come up with a proposal as to the amount. It was suggested to the Committee first year support of \$1 million (\pm 10%).
- Council was strong in support of the recommendation of the Review Committee.
- Council was also concerned about the representation of minority groups on the Advisory Committee. Observation was also made that the proposal is very general in nature, with little emphasis given to specific programs in heart disease, cancer, and stroke.
- April, 1967 - 01 operational grant awarded. The period is from June 1, 1967 through May 31, 1968.
- | | |
|--------------------|------------------------|
| \$1,000,000 (DC) | Seven out of the eight |
| <u>76,600 (IC)</u> | projects proposed were |
| \$1,076,600 | funded. |
- September, 1967 - Staff visit: Stephen J. Ackerman, Dr. Mathewson. A member of the Planning and Evaluation Branch observed the Kansas RAG in action and met with Dr. Lewis, his staff and representatives of several local action groups.

- December, 1967 - Kansas RMP visited Division of Regional Medical Programs - Subject matter included discussions on computer problems, continuing education, and revision of organization plan which would merge the planning and operational grants.
- February, 1968 - Council's action on 1st year supplemental operational grant. Five projects were approved in general but with recommendation of deferral to allow for site visit.
- February, 1968 - Amended notice of grant awarded for Operational grant. This is for the period June 1, 1967 through May 31, 1968.
 \$592,248 (DC)
107,604 (IC)
 \$699,852 total
- Amended notice of grant awarded for Planning Grant. This is for period of July 1, 1967 through May 31, 1968
 \$223,700 (DC)
57,927 (IC)
 \$281,627 total
- February, 1968 - Council recommended conditional approval of the first year supplemental operational grant application contingent upon the results of a Council site visit.
- April, 1968 - Site Visit Committee: Alfred M. Popma, M.D., Chairman, Donal R. Sparkman, M.D., Robert E. Jones, Robert A. Tolman, Ph.D.
 Comments: Regionalization is progressing in an organized manner so as to maximize gross cost participation, most especially through the involvement of Local Action Groups. Kansas RMP staff assistance is provided in the formation of Local Action Groups and in assisting them to develop project activities. Site visitors were impressed with number of competent staff.
- May, 1968 - Second year continuation operational grant application awarded. This is for period June 1, 1968 through May 31, 1969
 \$371,307 (DC)
82,617 (IC)
 \$453,924 total

- May, 1968
- Council action on second year supplemental operational grant application was:

Conditional approval was recommended as follows: (1) Continued support of core staff at present level (approximately \$686,000) plus 10% for administrative increase.
(2) Deferral of personnel increases and the five new operational projects pending clarification.
- May, 1968
- Third supplemental operational grant submitted in a composite of ten projects.
- May, 1968
- Council approved grant application for Hypertension (earmarked funds) for two years with 1st year budget of \$203,956 plus indirect costs. Grant period starts June 1, 1968 through May 31, 1970.
- June, 1968
- Award of 2nd year supplemental operational grant. Ten projects approved including core planning. Multiple hospital stroke project based in Wichita was deferred subject to site visit. This is for period June 1, 1968 through May 31, 1969.
- July, 1968
- Division decided to defer formal action on all new operationals and operational supplements.
- August, 1968
- The 2nd part of the 2nd supplemental operational grant was submitted as the fourth supplemental for the October-November Review Cycle. The two projects are Project #30 "Mobile Workshop for Medical Technologist" and Project #31 "Subregional Office in Topeka."
- November, 1968
- (1) Council deferred all twelve projects submitted in 2nd operational supplement till January-February 1969 Review Cycle.

(2) Kansas RMP submitted single project entitled "Institute for Dietitians."
- January, 1969
- Site Visitors: Paul D. Ward, Executive Director, California Committee on RMP; Stanley D. Truelson, Jr., Librarian, Yale Medical Library; Robert P. Lawton, Special Assistant to the Director; Robert E. Jones, Grants Review Branch.

Background: The Review Committee and the Council requested more information on the regionalization process in Kansas and, specifically, they wished to know how the projects under consideration related to the ongoing regional plan, and they felt that there was inadequate information on how the decision-making process functions, including the setting of priorities.

Comments: 1) Significant progress had been made in the process of regionalization, although an overall concept may not be apparent from the projects submitted.

2) The KRMP has brought health professional people together in Kansas in many areas for the first time and there is evidence that especially facilities, and in several instances manpower, are attempting to develop plans that will provide better health services for the people.

3) Priorities have been determined in a very pragmatic fashion by the local area committees. The region-wide committee and the KRMP staff have not attempted to superimpose priorities on the local areas and there was little evidence that there was any intention to proceed along these lines. Priorities can best be described as what the region-wide committee and the local area committees agree that they need at any given time when proposals are under consideration.

February, 1969

- Kansas RMP submitted a renewal application for three of six projects which were funded in the first operational grant two years ago; the other three projects are being terminated. Support for five new operational projects is requested.

February, 1969

- Council approved application for the 2nd year supplemental operational funds for \$396,230. Project #20 has been accomplished; Project #27 requires additional planning, and Project #30 returned for revision.

- April, 1969 - 3rd year supplemental operational
- May, 1969 - Council recommended only one of five new operational projects funded. This was entitled "Care of Patients with Fluid Electrolyte and Renal Problems," Project #37. Approval was recommended for the three renewal projects.
- November, 1969 - Kansas RMP submitted seventh supplementary Operations Request. Project #38 is entitled "Basic Educational Program for Medical Record Clerks."

V. CORE STAFF

<u>NAME</u>	<u>TITLE</u>	<u>% of TIME</u>	<u>SIGNIFICANT AFFILIATION</u>
Robert W. Brown, M.D.	Coordinator	83 1/3	1/6 Associate Prof. of Internal Med.
Charles W. Hines	Associate Coordinator	100	
Wilbur L. Morris	Assistant Coordinator in Charge of Special Serv.	100	
Jesse D. Rising, M.D.	Associate Coordinator, C.E.	50	Chairman of the 50% Dept. of Postgraduate Medical Ed.
Barbee J. Cassingham	Assistant Coordinator, Nursing Education	100	
Loanna E. Biers	Assistant Coordinator, Related Health Professions	100	
Richard V. Watts	Acting Executive Director, Research & Evaluation	100	
Desi Schaffer	Executive Director, Library Services	100	
John P. Fullilove	Executive Director	100	Communications Systems
Gordon W. Titus	Executive Director	100	Communications Systems
<u>South Central Kansas Sector Office - Wichita</u>			
Alfred H. Hinshaw, M.D.	Sub-Regional Coordinator		
<u>Great Bend Office - Great Bend</u>			
James W. Wiggs, M.D.	Neurologist (Project Director)		
Hubert H. Bell, M.D.	Cardiologist		
Martha E. Claypool	Sub-Regional Coordinator	100	

Capital Region Office - Topeka

Robert L. Lichtenhan	Sub-Regional Coordinator	100
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Northwest Kansas Office - Colby

William Leggett	Sub-Regional Coordinator	Part-Time
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BIOGRAPHICAL INFORMATION

1) Robert W. Brown, M.D. - Coordinator

- a. Born - Atwood, Kansas 1923
- b. B.A. - University of Colorado 1949
M.D. - University of Kansas 1955
- c. Intern - Kansas University 1955-56
Resident and Fellow - Internal Medicine - Kansas University 1956-59
- d. Assistant Professor of Medicine - Kansas University 1962-65
Associate Professor of Medicine - Kansas University 1965
- e. Member, Executive Committee of Department of Medicine - 1966
- f. Certified State of Kansas 1955
American Board of Internal Medicine - 1962

2) Jessie D. Rising, M.D.

- a. Born - 1914
- b. A.B. - University of Kansas 1935
M.D. - University of Kansas 1938
- c. Assistant Professor of Medicine and Pharmacology, University of Kansas 1946-53
Associate Professor of Medicine and Pharmacology, University of Kansas 1953-61
Chairman, Department of Postgraduate Med. Ed. - University of Kansas 1960
Professor of Medicine, University of Kansas 1960
- d. Private general practice of medicine, Kansas City, Missouri 1939-53
- e. Present Position
Chairman, Department of Postgraduate Medical Education, University of Kansas, School of Medicine
Professor of Medicine and Associate Professor of Pharmacology, University of Kansas School of Medicine
Chairman, Therapeutics and Pharmacy Committee, University of Kansas Medical Center
- f. National Committees:
Commission on Education (AAGP), 1953-59
Committee on Continuing Education (Association of American Medical Colleges 1962-)
Committee on Medical Education and Research (American Therapeutics Society) 1962

3) Charles M. Hines

- a. Born - 1920
- b. B.S. - Jackson College, Honolulu, T.H. - 1954

- c. 1962-64 - Served as Administrative Officer to the Division Surgeon, 1st Marine Div., Fleet Marine Force, Camp Pendleton, Calif.
- d. 1964-67 - Served as Assistant Administrator St. Margaret Hospital, Kansas City, Missouri
- e. 1967-69 - Associate Director of the Memorah Medical Center, Kansas City, Missouri
- f. 1969- Associate Coordinator

4) Alfred H. Hinshaw, M.D.

- a. Born - 1907 - Kansas
- b. Pre-Med - University of Kansas
B.S. in Medicine, University of Kansas 1931
M.D. - University of Kansas School of Medicine 1933
- c. Residency in Pathology - University of Kansas Medical Center 1947-48
Residency in General Surgery - VA Center, Wichita, Kansas 1948-51
- d. American Board of General Surgery, 1952
- e. Assistant Superintendent, University of Kansas Hospital 1936-42
Assistant Chief, Surgical Service, VA Center, Wichita, 1951-52
Chief, Surgical Service, VA Center, Wichita 1952-60
Chief of Staff, VA Hospital, Dallas, 1960-67
- f. 1967-69 - Subregional coordinator for Wichita area

5) Robert L. Lichtenhan

- a. Born - 1939 - Kansas
- b. A.B. - 1962 - Washburn University, Topeka, Kansas
- c. 1963-64 - Public Health Service, Kansas City, Missouri Health Department
- d. 1964-66 - Public Health Service, Ohio Department of Health, Dayton, Ohio
- e. 1966-68 - Public Health Service, North Carolina State Board of Health
- f. 1968-69 - Public Health Service, Oregon State Board of Health
- g. 1969 - Subregional Coordinator for Capital Regional Office, Topeka, Kansas

VI. OVERALL ORGANIZATION

Regional Advisory Group

Members of the Regional Advisory Group are appointed by the Governor of Kansas. New members shall be appointed annually during July of each year for three-year staggered terms. George A. Wolf, Jr., M.D., Provost and Dean of the University of Kansas Medical Center is Chairman of the Kansas RAG elected by fellow RAG members. Regularly scheduled meetings are held bi-monthly. The Provost and Dean of the University of Kansas Medical Center (the fiscal agent for the program) and the Secretary of the State Board of Health shall be ex officio members of the RAG.

The RAG is represented by nine physicians (3 from KUMC, 2 from State Medical Society, 2 practitioners, 1 State Board of Health, 1 affiliated hospitals); one registered nurse; four consumer representatives; (1 professional, 1 business, 1 labor official etc.) one hospital administrator; five other health related (1 CA society, 1 heart association, 1 public agency, 1 hospital associations, etc.) which total 20 members.

The person in the Dean's Office responsible for liaison with the Comprehensive Health Planning Committee under PL 89-749 will sit with the group and the state staff person responsible for 749 and the lay member of the 749 planning committee shall all be invited guests of the RAG. If the Governor has an assistant for health and welfare purposes, the Governor's assistant will also be invited.

Greater Kansas City Liaison Committee

Three members of the Regional Advisory Group are appointed with the consent of the RAG annually to serve on the Greater Kansas City Liaison Committee. The Executive Secretary of the State Health Department and the Dean and Provost of the Medical Center and the Coordinator of the RMP shall be invited to sit at all meetings of the Liaison Committee. Since the KRMP is just two blocks from the Missouri state line, a committee was appointed with representatives of the Missouri Regional Medical Program and the Kansas RMP. The major responsibility of this committee is to accept or reject applications for projects in the Greater Kansas City area. The Coordinator chairs Research, Planning & Committee. The ad hoc Lead Committees are appointed with representatives throughout the state who will have responsibility to advise the Research, Planning & Development Committee in regard to categorical and related diseases.

Responsible for: establishing priorities in terms of regionalization, projects, and thrust of program delegated to this committee.

Office of Coordinator and Officer of Administration have been more closely allied with a direct line communication between Associate Coordinator for Administration and institutions and the field coordinator.

Local Action Groups (L. A. G.)

The local action groups of the Kansas Regional Medical Program are composed of an overlapping membership with Comprehensive Health Planning groups. Associations with the Kansas RMP, the Kansas Hospital Association, and the Comprehensive Health Planning groups have been very active in the development of subregional representation. As the mission of the subregions differentiates from planning to the operational phase, a LAG differentiates into somewhat more of a professional group. The geography for the LAG was based on the population and medical trade areas. There are a total of 21 LAGS which encompasses 50-75% of the geographic area. The primary function of the LAG is liaison with central RMP, secondary is advisory to subregional coordinator, and tertiary is local planning or project development. Depending upon their numbers and talent, the LAG vary considerably in the scope of their activities.

Subregionalization

The Kansas RMP has developed four subregional offices with subregional staff members in each of the offices. Each subregional office has a subregional coordinator who serves as a member of a Core staff and relates directly to administrative office of Kansas RMP. Project Directors will be directly responsible to subregional coordinator, and in turn to the coordinator through the Office of Administration. Locally, he maintains liaison with the Local Advisory Group, and will serve as Executive Secretary to the Group. This person provides assistance in planning and development of future activities, administrative support for Directors of operational projects in the subregion, supports cooperative institutional community-based programs for medical and paramedical personnel, promotes regionalization, etc.

Project Proposals

Specific project proposals are submitted to the Local Action Groups (L.A.G.). The Subregional Coordinator meets with the L.A.G. and reviews the project.

If the project is approved at this level it is submitted to the Research, Planning and Development Committee. If it is disapproved, the original project director has the option of resubmitting or not taking any further action.

Coordinator appoints two members to act as primary and secondary reviewers.

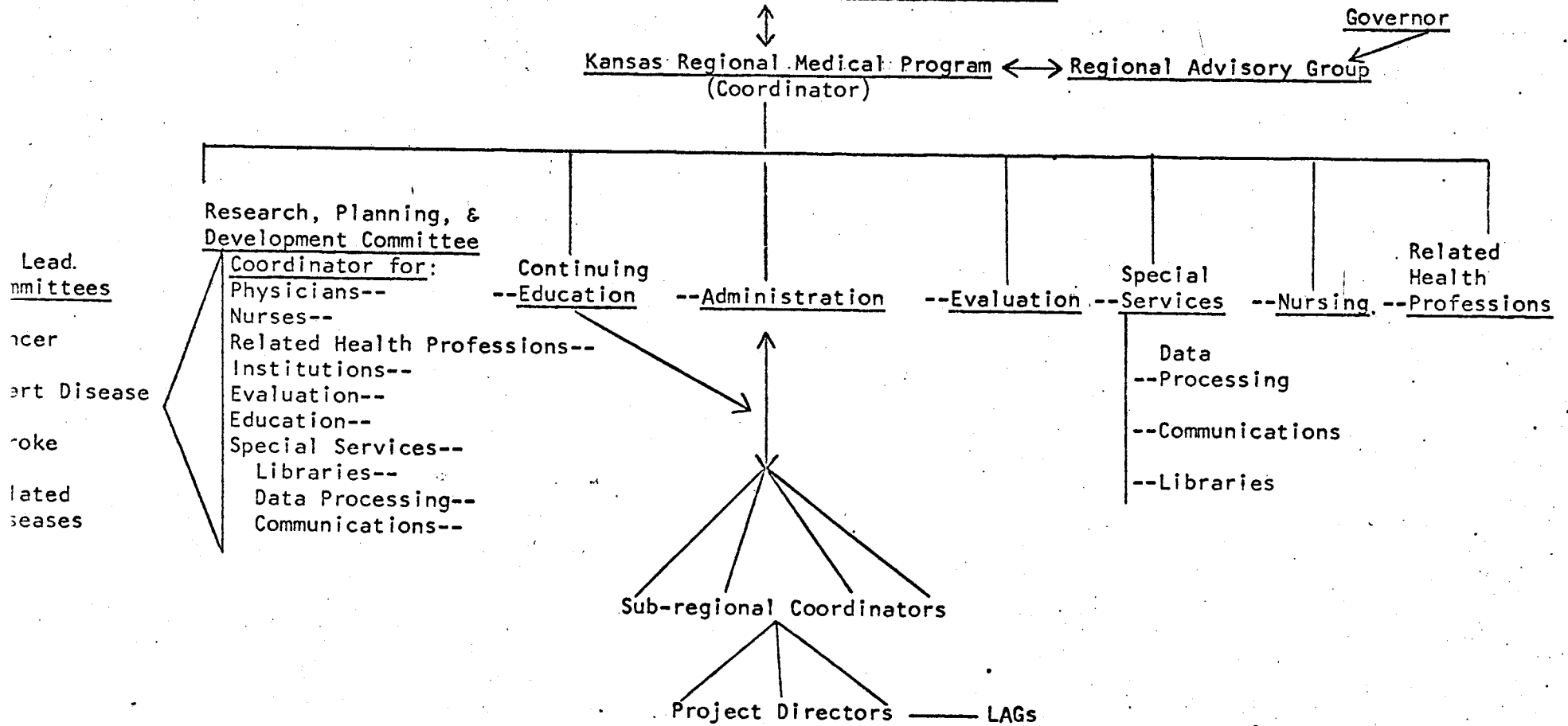
If proposals need technical review, Scientific Advisory Subcommittee (SAS) reviews the project. This group is not concerned with overall involvement of total project, just technical merits.

With the approval of the Research, Planning and Development Committee and/or Scientific Advisory Subcommittee, the Project Director presents project proposal before the Kansas RAG.

If the project is disapproved, the project director has the option of rewriting with corrections or not resubmitting the project.

If the project is approved, it is submitted to the Division of RMP Review Cycle.

Division of Regional Medical Program Services



KANSAS REGIONAL MEDICAL PROGRAM - ORGANIZATIONAL CHART

VII. GRAND DESIGN

Objectives

The specific short term objectives for this region include the following:

1. Development of a Core Staff support base in communication services, library services, and data informational services to provide support for local action groups and sub-regional centers to study their needs and assist them in project developments.
2. To provide support through the Core staff and affiliated institutions and organizations in Kansas for feasibility studies and demonstration units to lead to region-wide or inter-regional cooperative efforts.
3. To include all institutions and organizations concerned with the health care delivery system in the region in the operational aspects of projects.
4. To ascertain the position of RMP and the educational institutions and resources of the region in manpower development.
5. Through the development of sub-regional centers, have the entire region effectively participating in RMP function group planning and project development.

Goals of the Program

I. LONG TERM GOALS (Estimated Time for Achievement: 4-8 years)

No. 1. To improve the quality of patient care with special emphasis on heart disease, cancer, stroke, and related diseases.

No. 2. To create manifestations of the expressed concern with a lifetime of learning for health professionals in several critical areas throughout the region, thus insuring the perpetuation of sub-regional foci for the aggregation of physicians, other health related professionals, and the resources necessary to provide high quality patient care.

No. 3. To promote the regionalization of personal health services in the region, with a maximal utilization of resources and reduction of the costs of medical care.

No. 4. To broaden the perspective of those concerned primarily with disease or illness, to include an increased awareness of the inter-relationships of this program to others concerned with the health of society.

II. INTERMEDIATE GOALS (Estimated Time for Achievement: 2-4 Years)

No. 1. To create cooperative arrangements in appropriate areas in the region where the University or non-university medical enters may provide active continuing education based upon an analysis of health care problems, in situ, i.e., Great Bend, Kansas.

No. 2. To provide certain learning support services to all health professionals in the region, through a network of regional, sub-regional, and local activities, i.e., library services, educational communication, nursing circuit courses, self-instructional centers, cooperative nurse retraining courses, etc.

No. 3. To provide special demonstrations of types of patient care, on a sub-regional geographic basis (to close technological-care gaps), and training programs to provide necessary new types of personnel (to close obvious personnel gaps.)

VIII. OPERATIONAL PROJECTS

#1 -- EDUCATIONAL PROGRAMS - GREAT BEND, KANSAS

Objectives: To develop a model educational program in a selected community. A full-time faculty, which will be affiliated with the Kansas Medical Center, will be in residence. Included among a comprehensive program are plans for continuing physician and nurse education and clinical traineeships for health-related personnel. Studies will be made of community needs, resources, etc.

#2 -- REACTIVATING NURSES - GREAT BEND, KANSAS

Objectives: A program of clinical and didactic training for inactive nurses in Great Bend or within commuting distance. Eight four-week sessions are to be offered annually with emphasis on cancer, heart disease, and stroke. Evaluations will be made six months after each course or session. Traineeships will be made available.

#3 -- CIRCUIT COURSE FOR ACTIVE NURSES - WICHITA, PARSONS, EMPORIA, CONCORDIA, COLBY, GARDEN CITY, GREAT BEND, AND SABETHA

Objectives: A circuit course program using didactic presentations, demonstrations, films and panel discussions. These various teaching methods will be used to highlight the changes that have emerged in professional clinical nursing care of patients suffering from cancer, stroke, and heart disease. The circuit teaching team will visit each of the above cities three times annually to provide one day sessions in each locality. Participants will be asked for their evaluations immediately following each presentation.

#4 -- CARDIOVASCULAR NURSE TRAINING

Objectives: To develop an in-service training program to prepare nurses with basic physiological knowledge of coronary care, ability to use instruments and equipment in coronary care units, experience in home care, and familiarity with social agencies that can aid in the rehabilitation of patients.

#7 -- CARDIOVASCULAR WORK EVALUATION

Objectives: To demonstrate the Cardiac Work Evaluation Unit and show its usefulness for the evaluation and rehabilitation of the patient; to develop an effective technique for showing physicians and the community at large the ability of patients to return to work.

#8 -- CONTINUING EDUCATION FOR CARDIAC CARE

Objectives: Wesley Hospital, in Wichita, would initiate a training program for nurses in the following techniques: providing care for heart patients, utilizing self-instructional media, preceptorships, and teaching conferences as well as lectures. The project will also involve St. Francis Hospital, St. Joseph Hospital and Wesley Medical Center, utilizing medical educational faculty from each, as well as a visiting faculty when needed. The program will provide an intensive course for ten days, two hours a day, and repeated every three months, for nursing as well as other paramedical personnel in the cooperating institutions, and subregional community hospitals. The evaluation methods will be pre-test and post-testing methods, as well as personality tests.

#9 -- METROPOLITAN KANSAS CITY NURSE RETRAINING PROGRAM

Objectives: All metropolitan area hospitals except one in the greater Kansas City area, will participate in a program for nurse reactivation. This is the first interregional project. The proposal represents a coordinated effort of providing an ongoing opportunity for the inactive nurse to become updated and or retrained. The course will last for six weeks and will provide clinical experience in each of the associate hospitals. Six courses will be offered annually.

#10 -- HEALTH DATA BANK

Objectives: This project will be concerned with the first phase of the development of a Health Data Bank. It will thoroughly document: (1) the need(s) for the system; (2) benefits; (3) cost in terms of manpower and time to develop the system; (4) type and cost of computer equipment which would be used as a central core to the system; and (5) the funding requirements for the system.

#11 -- SELF-INSTRUCTIONAL CENTERS

Objectives: This proposal requests funds to establish two other health self-instructional centers at small community hospitals along the lines of the Great Bend Project. Its objectives will: (1) reinforce, using established centers for the continuing education of health professionals, and (2) provide for the distribution of educational materials of the Kansas Heart Association; the American Cancer Society, Kansas Division, Inc.; the Kansas Tuberculosis and Health Association; and the University of Kansas Department of Postgraduate Medical Education. The Department of Postgraduate Medical Education will be responsible for the supervision of the project.

#14 -- PERCEPTUAL MOTOR DYSFUNCTION ASSESSMENT AND TREATMENT

Objectives: A three-day program would be presented at the Institute of Logopedics, Wichita, for 100 occupational therapists from Kansas and six other states. Two consultants recommended by the Perceptual Motor Dysfunction Committee of ADTA will present the program. Emphasis will be given to methods of assessing perceptual motor dysfunction and the sharing of information as to treatment approaches which have been used successfully by others. The project will be evaluated by the Postgraduate Education Department of the University of Kansas Medical Center and by Regional Medical Program staff.

#15 -- PHYSICAL THERAPY WORKSHOP

Objectives: A three day workshop for 10-12 registered physician therapists will be held at the University of Kansas Medical Center. The purpose of the workshop will be to provide basic information as to the appropriate instruction of supportive personnel employed by adult care homes or small community hospitals. Selection of trainees will be based in part upon their availability to provide this instruction to supportive personnel in their local communities. One-day review conferences will be conducted for the participating physical therapists at three and nine-month intervals following the workshop. A course outline is presented. Evaluation will be conducted by the Postgraduate Education Department of the Medical Center, the physical therapy staff, and the Regional Medical Program staff.

#16 -- THERAPEUTIC NUTRITION

Objectives: A twelve-day institute at Kansas State University is planned for therapeutic dietitians which will update their knowledge of current dietetic information. Instructions will include lectures, audio-visual aids, and discussions. Enrollment will be limited to 30 trainees and the course will carry two hours graduate credit. The project will be evaluated by the faculty member presenting the course and by Regional Medical Program staff. A course outline is provided.

#17 -- CANCER CHEMOTHERAPY SEMINAR

Objectives: Two one-day seminars for practicing physicians are planned for presentation at Topeka and Hays. This pilot proposal is sponsored by the State Medical Society, the State Division of the American Cancer Society, the State chapter of the American College of Surgeons, the State Department of Health, and the Department of Postgraduate Medical Education of the School of Medicine. A primary objective is to present current information regarding clinical chemotherapy of cancer. Enrollment would be limited to 24 physicians. A seminar schedule is presented. Evaluation would be made by Regional Medical Program staff.

#18 -- CORE PROGRAM

Objectives: Sixty-one persons are indicated as currently employed full or part-time in the ten offices organized under the program. The offices are designed functionally as those of: (1) the Coordinator, (2) Administration and Institutions, (3) Continuing Education, (4) Nursing Education, (5) Health Related Professions, (6) Research and Evaluation, (7) Data Processing, (8) Medical Communications, (9) Library Services, and (10) the Wichita Coordinator.

#19 -- HYPERTENSION (E A R M A R K E D)

Objectives: Multiphasic screening of OEO-organized population in KC. Referral to private physicians, other medical facilities, and possible a nurse-staffed clinic (whose treatment results would be compared with MD clinic). An attempt will also be made to determine some of the socio-cultural and psychological stress factors related to hypertension among Negroes.

#20 -- A CONTINUING EDUCATION PROGRAM FOR OCCUPATIONAL THERAPISTS
(Approved but not funded)

Objectives: (1) To increase the occupational therapists' professional value to patients with stroke and post-cardiac disability by training them in this more current and basic treatment method; (2) to bring patient treatment in this area of the country up to the highest current level; (3) to train occupational therapists, not in a particular method but in a concept of treatment which is the foundation for many neuromuscular facilitation techniques; (4) to most effectively present this involved method of treatment, the Rood Technique, through live demonstration and supervised practice in order to teach the correct application and gain an understanding of this modern neurophysiological concept; and, (5) to disseminate this knowledge so that the participants will be able to competently teach other staff the concept and technique.

#21 -- CEREBROVASCULAR AND NEUROLOGICAL NURSE TRAINING

Objectives: To increase: (1) understanding and participation in the multi-disciplinary approach to patient care; (2) understanding of the interrelatedness of patient, family and community; (3) ability to assess and analyze nursing problems peculiar

to patients with cerebrovascular and neurological disease; (4) knowledge and skills necessary to give direct care to patients with cerebrovascular and neurological conditions; (5) skills in preventive measures of complications from prolonged bed rest; and (6) ability to help patient move from dependence to independence, i.e. activities of daily living.

#22 -- BIOMEDICAL LIBRARY INFORMATION CENTER

Combined with #23.

#23 -- KANSAS MEDICAL LIBRARY SYSTEM

Objectives: Medical library services include: (1) development of a collection of books, journals and other materials pertinent to the biomedical sciences, (2) maintenance of special subject references, files and indexes, (3) circulation of material by photo-copying, (4) filing and indexing of internal reports, (5) maintenance of reference services, and (6) compilation of bibliographies on biomedical topics. In order to provide adequate medical library services in the state, an organized network provides knowledge of medical library services to health-related personnel; assistance to hospital administrators in building basic medical literature and to medical librarians, a source of material not available at their local level.

#24 -- FOOD SERVICE PERSONNEL USING THE DIETARY CONSULTANT APPROACH
(Approved but not funded)

Objectives: (1) To contribute to patient care through improvement of menu planning, food preparation and service, sanitation, and related topics and, (2) to supplement the existing knowledge of non-professional food service personnel concerning menu planning, food preparation and service, sanitation, and related areas.

#25 -- COORDINATED SYSTEM FOR CONTINUING EDUCATION OF MEDICAL AND
PARAMEDICAL PERSONNEL

Objectives: (1) To establish and maintain coordinated efforts of existing in service training programs in Newman and St. Mary Hospitals, Emporia, Kansas; (2) to extend these programs to other area hospitals and

nursing homes and other community groups concerned with patient care in the areas of heart, cancer, stroke and related diseases; (3) to provide a common community resource for continuing education, consisting of personnel facilities, equipment, and libraries; (4) to stimulate continuing education for medical and paramedical groups in the areas of heart, cancer, stroke and related diseases; and, (5) to improve patient care through consumer education and better trained medical and paramedical personnel.

#26 -- CANCER CARE CONTINUING EDUCATION PROGRAM

Objectives: The program will combine the clinical teaching resources and medical experience of this region with the educational resources of the University of Kansas Medical Center. The educational resources of the Kansas Division of the American Cancer Society Wesley Medical Center, St. Francis and St. Joseph hospitals in Wichita will also be used. By properly utilizing and coordinating all of these existing resources, we believe we can develop a very effective cancer care continuing education program for nursing and paramedical personnel.

#28 -- SEMINAR ON BASIC MEDICAL LIBRARIANSHIP

Objectives: To impart the basic skills of medical librarianship to subprofessionals in order to improve medical library services in the state; (2) to improve acquisitions, cataloging, reference services, and inter-library loans; (3) to increase inter-library cooperation; and (4) to indoctrinate the sub-professionals in ways and means of keeping up to date in the art of medical librarianship. A two-day symposium will be held on May 15-16, 1969 at the University of Kansas.

#29 -- KANSAS CITY COUNCIL ON HEALTH CAREERS HEALTH MANPOWER
RECRUITMENT PROGRAM
(Approved but not funded)

Objectives: In cooperation with the state medical society, state nurses association, high school counselors and directors of health professional schools (1) to create an increase in numbers of student applicants to allied health professional schools; (2) to create an increase in numbers of student health professionals entering schools from families with incomes less than \$5,000; and (3) to develop more effective and efficient methods of health science recruiting. A 7-point program will encompass the following: High school biomedical career programs and assemblies, counseling, tutoring, academic program, job placement, tours, and testing.

#31 -- SUBREGIONAL OFFICE IN TOPEKA

Objectives: This is a request to establish a second sub-regional office in Topeka similar to the one in Wichita which is functional. The Topeka sub-region is described in the narrative and represents the third largest grouping in health personnel and facilities in the Kansas Region. The Topeka subregional Coordinator would work with a local action group in defining health needs and in identifying appropriate programs to meet them, promotion of effective utilization of health resources, and in assisting with the coordination of training or retraining programs for health manpower.

#32 -- INSTITUTE FOR DIETITIANS

Objectives: Would be in two parts: a two-week institute designed to update knowledge preceded or followed by a second two-week institute in dietary department management which would carry two hours graduate credit. The program would be sponsored by Kansas State University.

#37 -- CARE OF PATIENTS WITH FLUID ELECTROLYTE AND RENAL PROBLEMS

Objectives: Provide continuing education in fluid electrolyte and renal problems for physicians and nurses. Two postgraduate courses will be conducted by the Kansas University Medical Center staff for physicians. An intensive course in both theory and techniques of fluid and electrolyte and renal problems will be given to four or five nurses from each of the five participating hospitals. The nurses trained in this six-day course will then conduct courses at their own hospitals.